



## Epidemiologic Notes & Reports

Volume 34 Number 6

June 1999

### Animal Rabies in Kentucky – 1998

Two Kentucky laboratories test animal specimens for rabies. Last year, the Division of Laboratory Services, Frankfort, and the Breathitt Veterinary Center, Hopkinsville, received 1447 animal specimens for testing. Because of decomposition or extreme traumatic damage to the brain, 74 samples were unsuitable for testing. The 3 submissions from Tennessee, of which 2 were positive, are not included in this analysis. There were 32 (2.2%) specimens that tested positive for rabies. Nine (28.1%) of the cases were in domestic animals, while the remaining 23 (71.9%) were in wildlife (Table 1). Of the 32 positive specimens, 22 (68.8%) occurred in skunks or bats. These 2 species also had the highest percent (26.2% and 10.2%) of positive specimens.

The total of 32 rabies cases is very similar to the preceding 5-year annual mean of 29.6 rabies cases.

### Inside This Issue

Animal Rabies in Kentucky.....	1-3
Meningococcal Prophylaxis with Rifampin ..... for Infants and Children	3
Reader Notices.....	4
Kentucky Reportable Diseases-1998 Annual Summary.....	5
Immunization Reminder for 1999-2000 School Year.....	6

The statewide distribution pattern of 1998 positive rabies cases (Figure 1) may not be representative of rabies activity in the state; it may only reflect the distribution of samples that were submitted for testing. Almost all the samples submitted were the result of some suspicious interaction between the animal tested and a human or domestic animal. As expected, skunks were the most common natural reservoir host for rabies in Kentucky. Unlike most of the states east of the Appalachian Mountains, Kentucky does not have a raccoon rabies epizootic. The laboratories tested 145 raccoons and all were negative.

(Animal Rabies-continued on pages 2 & 3)

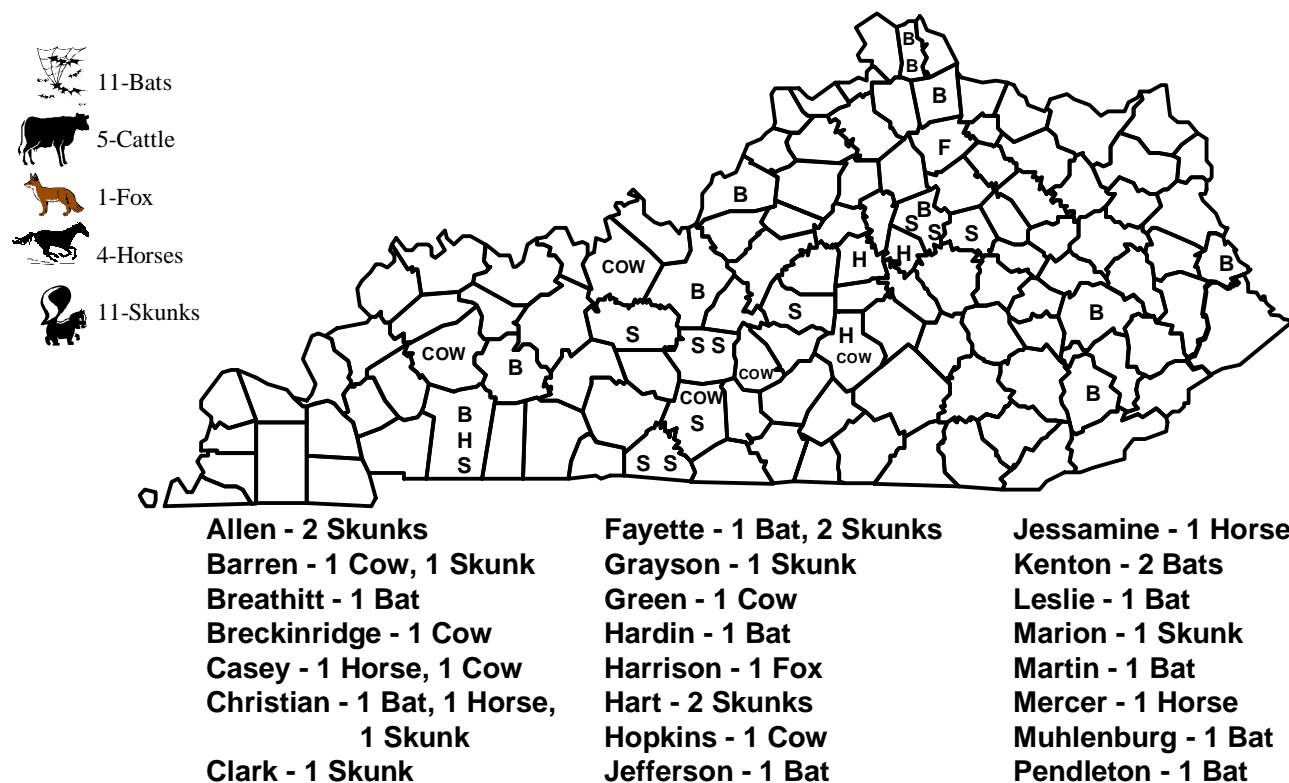
**Table 1. Animals Submitted for Testing and Number of Positive Specimens by Species**

Species	Number Received	% of Total	Number Positive	% Positive
Canine	455	31.5	0	0.0
Feline	391	27.1	0	0.0
Bovine	66	4.6	5	7.6
Equine	46	3.2	4	8.7
Other Domestic	22	1.5	0	0.0
Bat	108	7.5	11	10.2
Skunk	42	2.9	11	26.2
Other Wildlife	314	21.7	1*	0.3
<b>Total</b>	<b>1444</b>	<b>100.0</b>	<b>32</b>	<b>2.2</b>

\*1 of 34 foxes tested

### Animal Rabies in Kentucky – 1998 (continued from page 1)

**Figure 1. Kentucky Rabies Cases - 1998**



The Advisory Committee on Immunization Practices (ACIP) has recently published new recommendations on preventing human rabies.<sup>1</sup> There are 3 notable changes from the 1991 recommendations:

- Ferret exposures are now managed the same as dog and cat exposures.
- A new human vaccine is available. RabAvert™ is a purified chick embryo cell vaccine (PCEC) available from Chiron Corporation.
- The entire dose of human rabies immune globulin should be infiltrated into the exposure site “if anatomically feasible.”

The Communicable Disease Branch has sent out nearly 1000 copies of the revised document to local health departments and other users of ACIP Recommendations. Reprints of the entire recommendations may be obtained from the Division of Epidemiology and Health Planning by calling 502-564-3418 or at 275 East Main Street, Mail Stop HS 2C-B, Frankfort KY 40621-0001.

### Reporting of Rabies Postexposure Prophylaxis

**Rabies postexposure prophylaxis (PEP) with human rabies immune globulin (HRIG) and rabies vaccine is reportable by health care providers to the local or state health department. This mandate became effective June 16, 1997** to determine the number of patients in Kentucky receiving this preventive treatment after animal bites. The Department for Public Health will assess changes in the number of human rabies exposures, thus having an early warning of any rabies epizootic.

**Animal Rabies in Kentucky – 1998** (continued from page 2)

Reporting of Rabies Postexposure Prophylaxis – continued

**Use the standard Reportable Disease Form to report PEP administered in either the public or private sector. Forms are available from local health departments or the Division of Epidemiology and Health Planning (see above). There is a separate area for PEP information on the second side of the form. The supplemental information items are intended to help reporters determine if PEP is indicated.**

A similar notice was published in the May 1998, *Epidemiologic Notes and Reports*<sup>2</sup>. **Unfortunately, users of rabies biologics are not adhering to the 1997 regulation.** A 1994 Division of Epidemiology and Health Planning survey found that 97 patients received PEP in local health departments and an estimated 126 patients received PEP from private providers. These reports were assumed to be the expected numbers based on annual vaccine distribution in the state. In 1998, however, the Division received 50 reports originating from health departments and 2 from hospitals. Reporting by health departments is slightly over half of the expected number, and the private sector is reporting less than 2% of a legally reported treatment. **Folks, you or your office staff need to do a better job of reporting rabies PEP!**

**References**

- 1 CDC. Human rabies prevention-U S, 1999: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1999; 48 (No. RR-1): 1-21.
- 2 Animal Rabies in Kentucky-1997. *Kentucky Epidemiologic Notes & Reports* May 1998; 33: 3-4.

**Contributed by:** Michael Auslander, DVM, MSPH, State Public Health Veterinarian, Division of Epidemiology and Health Planning, phone 502-564-3418.

**Meningococcal Prophylaxis with Rifampin for Infants and Children**

The recommended prophylaxis to protect infants and children who are contacts of an index case of meningococcal meningitis is administration of rifampin. The drug is not commercially available in a liquid oral dosage form. A pharmacist can prepare an oral liquid using the following guideline:

Rifampin      1.2 g  
Simple Syrup qs ad   120 mL

The rifampin capsules should be emptied into a mortar and triturated to a fine powder. Add 2 mL of Simple Syrup and work into a paste. Add 10 mL of simple syrup to make a suspension. Then qs with Simple Syrup to a total of 120 mL.

Store the resultant solution in a glass or plastic, light-resistant container. If properly stored, the solution should be stable for 30 days.

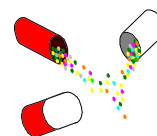
**Prophylactic Dosage for Meningococcal Disease:**

Up to 1 month of age: 5 mg/kg of body weight every 12 hours for 2 days

Over 1 month of age: 10 mg/kg of body weight every 12 hours for 2 days

Maximum daily dosage: 600 mg twice a day

(Please note that prophylaxis for *Haemophilus influenzae* meningitis follows a different regimen.)



**Publication of *Guideline for Prevention of Surgical Site Infection, 1999***

The recently released *Guideline for Prevention of Surgical Site Infection, 1999*<sup>1,2</sup> presents evidence-based recommendations for surgical site infection (SSI) prevention; provides an extensive review of the epidemiology, definitions, microbiology, pathogenesis, and surveillance of SSI; and provides a detailed discussion of the pre-, intra-, and post-operative issues relevant to SSI genesis. The guideline includes a continuing education component.

The guideline and information about continuing education credit are available on CDC's Hospital Infections Program, National Center for Infectious Diseases (NCID), World-Wide Web site <<http://www.cdc.gov/ncidod/hip/>> or by writing to SSI Guideline Evaluation Activity, Hospital Infections Program, NCID, Mailstop E-69, CDC, 1600 Clifton Road, N.E., Atlanta, GA 30333. Participating in this activity is free, and the deadline for applying for continuing education credit is April 15, 2000.

**REFERENCES:**

- 1 Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR, the Hospital Infection Control Practices Advisory Committee. Guideline for prevention of surgical site infection, 1999. *Infect Control Hospital Epidemiol* 1999;20:247-80.
- 2 Mangram AJ, Horan TC, Pearson ML, Silver LCC, Jarvis WR, the Hospital Infection Control Practices Advisory Committee. Guideline for Prevention of surgical site infection, 1999. *Am J Infect Control* 1999;27:98-134.



We made a mistake. The error is in the January/February 1999 issue of *Kentucky Epidemiologic Notes & Reports*, on page 4, Reportable Diseases/Conditions in Kentucky chart, Section II. Reporting required within 5 business days: **Hepatitis B**

**Correction is:** Insert "**pregnant**" before the word "women". Statement will now read: Hepatitis B in pregnant women or a child born in or after 1992

**Additional Yellow Fever Vaccination Centers\*****AVAILABLE TO THE PUBLIC**

Berea College  
College Health Service  
Berea, KY 40404  
606/986-9341

Med East Physicians PLLC  
Charles F. Bowlds, M.D.  
4003 Kresge Way, Ste. 410  
Louisville, KY 40207-4652  
502/893-7462

**New Location for Kenton County Health Center**

Boone County Health Center  
7505 Burlington Pike  
Florence KY 41042  
606/525-1770

\*See January/February, 1999 issue of *Kentucky Epidemiologic Notes & Reports*, page 2.

## CASES OF SELECTED REPORTABLE DISEASE IN KENTUCKY ANNUAL SUMMARY – 1998

	VACCINE - PREVENTABLE DISEASES					SEXUALLY TRANSMITTED DISEASES				VIRAL HEPATITIS			ENTERIC DISEASES			CNS DISEASES			OTHER DISEASES								
1998	PERTUSSIS	TETANUS	MEASLES	MUMPS	RUBELLA	PRIMARY AND SECONDARY SYPHILIS	CONGENITAL SYPHILIS ≤1 YEAR	CHLAMYDIA	GONOCOCCAL INFECTION	HEPATITIS A	HEPATITIS B	HEPATITIS C	SALMONELLOSIS	SHIGELLOSIS	CAMPYLOBACTERIOSIS	H. influenzae INFECTIONS	MENINGOCOCCAL INFECTIONS	ARTHROPOD-BORNE ENCEPHALITIS	AIDS (BY YEAR OF REPORT)	TUBERCULOSIS	ROCKY MOUNTAIN SPOTTED FEVER	LYME DISEASE	MALARIA	LEGIONELLOSIS		TYPHOID	ANIMAL RABIES
CUMULATIVE TOTAL - 1997	74			3		135	6	6332	4024	79	44	17	373	449	293	8	50	3	363	199	5	20	13	13			29
CUMULATIVE TOTAL - 1998	50			1		106	4	6441	3813	26	48	23	356	158	272	7	38	7	287	179	6	27	7	27		2	32
DISTRICT 1	1					1	1	259	158	4	6	1	38	14	14		1		7	4	3	2	1	2			
DISTRICT 2						1		941	469	2	1	3	29	48	25		2	1	1	8	11	1	4	2	2		5
DISTRICT 3								444	144	1	10	5	16	1	37			2		9	7		1		1		
DISTRICT 4						3		359	204	2	2	5	29	15	7			3	1	9	10	1	1		1		6
DISTRICT 5	2					1		445	179		3		17	3	24			2		9	15		3	2	2		4
DISTRICT 6	40					91	3	1385	1535	2	12	1	65	12	45		1	6	1	158	46		7		9		1
DISTRICT 7	6							644	282	7	6	2	16	4	33		1	5	1	15	10		3		4	1	3
DISTRICT 8								19	1				6		4					5	6						
DISTRICT 9								105	8				6	1				1							1		
DISTRICT 10								103	17				17		2			2		10	1						
DISTRICT 11				1				110	8				11	1	11			3		3	7				3		1
DISTRICT 12								56	10		3	3	2	1	9			2	2	3	4				1	1	2
DISTRICT 13								145	24	1	4	2	15	2	4			1		10	7		2				
DISTRICT 14	1							117	30	1			16	2	9		2		1	5	15		2				3
DISTRICT 15						9		1309	744	6	1	1	73	54	48		1	9		36	36	1	2	2	1		7

**KENTUCKY EPIDEMIOLOGIC NOTES & REPORTS**

Printed With State Funds

by the

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH SERVICES  
DEPARTMENT FOR PUBLIC HEALTH  
275 EAST MAIN STREET  
FRANKFORT, KENTUCKY 40621



BULK RATE  
U.S. Postage Paid  
Lexington, KY  
Permit No. 1

*Kentucky Epidemiologic Notes and Reports*, a monthly publication, is available without charge to subscribers. Although materials may be reproduced without permission, we appreciate acknowledgement. For more information call 502-564-3418.

**Rice C. Leach, MD**, Commissioner

Department for Public Health

**Glyn Caldwell, MD**, State Epidemiologist, and Director,

Division of Epidemiology & Health Planning

**Barbara E. Sonnen, RN, MS**, Editor

Nancy Yates, Managing Editor

**RETURN SERVICE REQUESTED**



## **Immunization Reminder for 1999-2000 School Year**

Early summer is the time to make arrangements to appropriately immunize children entering school or certain child care programs this fall.

Children beginning kindergarten or 6th grade are required to have 2 doses of measles-containing vaccine. Measles-mumps-rubella (MMR) is required for the first dose and preferred for the second. For both age groups, the first dose of vaccine must have been given on or after the first birthday.

*Haemophilus influenzae* type b (Hib) vaccine is required for children under 5 years of age who will be attending day care centers, certified family child care homes, other licensed facilities that care for children, and preschool programs.

Children born October 1, 1992 or later are required to have 3 doses of hepatitis B vaccine at kindergarten entry.

For additional information, contact the Immunization Program at 502-564-4478.